ENTRY BLANK

14-M

0

PLEASE TYPE OR PRINT

□ Ms.

XMr. Artist DAVID F. BOEFF

(Last Name Last)

Permanent Address

2741 BURDEN DR

City

44134

Daytime Tel. (2/1) 83/-4000

Zip

Area Code

EXT. 300

Temporary or Studio Address

Street

City

Daytime Tel. ()

Area Code

If you do not presently live in one of the counties of the Western Reserve, in which county were you born?

Collaborator _

Zip

(If Any)

If May Show entries are not accepted or not sold:

XArtist will pick up at Museum.

☐ Museum should dispose of.

☐ Museum should ship to artist at artist's expense to this address:

Special Instructions

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

This Entry Blank must be fully made out and signed. Unsigned Entry Blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until July 21, 1985.

The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed in the Entry Information.

Signature

David F Boeff

DO NOT DETACH

DETACH

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